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To: Mr. M. R. Chorbaji
Tel:
Fax: (571) 273 - 8300
From: Dennis L. Salbilla

Phone (281) 286 - 4981
Re: Revocation of Power of Attorney

Message No.	Time:	Operator:
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APP. OF: SALBILLA § ATTORNEY REF. NO. P02104US0

APP. NO.: 09/773,438 §

FILED: JAN 31, 2001 §

TITLE: IN-LINE METHOD AND
APPARATUS TO PREVENT
FOULING OF HEAT
EXCHANGERS §

GROUP ART UNIT No. 1744

EXAMINER: M. R. CHORBAJI

Dear Mr. Chorbaji:

Please find the attached Revocation of Power of Attorney and Change of Correspondence Adress.

If I may answer any questions for you, please give me a call.

Regards,

Dennis L. Salbilla

Dennis L. Salbilla

Jul.25. 2005 10:37AM

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PTO/SB/82 (04-05)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/773,438
	Filing Date	01-31/2001
	First Named Inventor	Dennis L. Salbilla
	Art Unit	1744
	Examiner Name	Chorbaji, Monzer R.
	Attorney Docket Number	P02104US0/10100157

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:		
<input type="checkbox"/> A Power of Attorney is submitted herewith OR <input type="checkbox"/> I hereby appoint the practitioners at Customer Number 		
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input type="checkbox"/> The address associated with Customer Number 		
OR <input type="checkbox"/> Firm or Individual Name Address City Houston State Texas ZIP 77062 Country USA Telephone Email 		
I am the:		
<input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>		
SIGNATURE of Applicant or Assignee of Record		
Signature	<i>Dennis L. Salbilla</i>	
Name	Dennis L. Salbilla	
Date	July 25, 2005	Telephone (281) 286 - 4981
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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